PTO/SB/82 (01-06)

Approved for use through 12/31/2008, OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

d to a collection of information unless it displays a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to resp Application Number 09/975.677 REVOCATION OF POWER OF Filing Date 10/11/2001 ATTORNEY WITH First Named Inventor Mark Boike NEW POWER OF ATTORNEY Art Unit 2183 AND Examiner Name Eric Coleman CHANGE OF CORRESPONDENCE ADDRESS

Attorney Docket Number 01-373

I hereby revoke all previous powers of attorney given in the above-identified application.									
A Power of Attorney is submitted herewith.									
OR ✓ I here	eby appoint	the practitioners as	associated with the Customer Number:			mber:	er: 27964		
Please change the correspondence address for the above-identified application to: The address associated with Customer Number: OR									
Firm o	r Iual Name								
Address	ida Hamo								
City				State			Zip		
Country									
Telephone					Email				
I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Signature	- 357	~							
Name	Prasad Kallur	1							
Date	1	- 1			elephone	214-454-8793			
NOTE: Signature signature is requ		tors or assignees of record	of the entire interest or	their rep	resentative(s) are required. Submit	t multiple	forms if more than one	
7									

This collection of information is required by 37 CFR 1.30. The information is required to obtain or retain is benefit by the public within its is left (and by the USFD*) to process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.1. The collection is estimated to late 3 minutes to complete, to process, and application. Confidentially is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.1. The collection is estimated to late 3 minutes to complete, to complete the complete is the USFD*. The will larry depending upon the individual case. Any comments on the amount of the pays a require to complete this form and/or supposition for the confidence. Any comments and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22315-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND. TO: Commissionner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.